## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER **AFTER** AS FILED I AMENDMENT 2 <sup>™</sup> AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND. TOTAL DEF TOTAL DEP

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TOTAL CLAIMS

PTO - 1360 (REV. 11/04)